



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• JE 55749279

ORIGINIT FABRICS INC.
43 INDUSTRIAL AVE.
TETERBORO

75 8

INSTALLATION ADDRESS

43 INDUSTRIAL AVE
TETERBORO

75 8



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EPA I.D. NUMBER

†NJ0009749279

ORIGINIT FABRICS INC.
430 INDUSTRIAL AVE.
TETERBORO

NJ 07608.

INSTALLATION ADDRESS

430 INDUSTRIAL AVE
TETERBORO

NJ 07608



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EPA I.D. NUMBER

HNJ0009749279

ANDERSON CORPORATION
430 INDUSTRIAL AVE
TETERBORD

NJ

07607

INSTALLATION ADDRESS

430 INDUSTRIAL AVE
TETERBORD

NJ

07607



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EPA I.D. NUMBER

+NJ0089749279

ANDERSON CORPORATION
430 INDUSTRIAL AVE
TETERBORO

NJ 07608.

INSTALLATION ADDRESS

430 INDUSTRIAL AVE
TETERBORO

NJ 07608

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

Microfiche

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
APPROVED
DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

ORIGINIT FABRICS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

430 INDUSTRIAL AVE

CITY OR TOWN

TETERBORO

ST.

ZIP CODE

NJ 07608

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

430 INDUSTRIAL AVE

CITY OR TOWN

TETERBORO

ST.

ZIP CODE

NJ 07608

Bergen

FINDS
input 4/2/82

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PARMIENTO JOSEPH PLANT ENG

PHONE NO. (area code & no.)

201-288-5450

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ORIGINIT FABRICS INC

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. -- FOR OFFICIAL USE ONLY														
S												T/A	C	
W												13	14	15
1	2													

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F002 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

Joseph D. Armiento

NAME & OFFICIAL TITLE (type or print)

JOSEPH DARMIENTO
PLANT BNL

DATE SIGNED

3/30/82

ID - For Official Use Only													
C												T/A	C
W													1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
X001	X002	X003	F002		
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

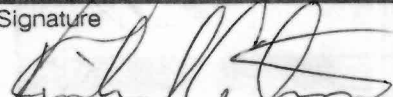
49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24)

<input checked="" type="checkbox"/> 1. Ignitable (D001)	<input checked="" type="checkbox"/> 2. Corrosive (D002)	<input type="checkbox"/> 3. Reactive (D003)	<input checked="" type="checkbox"/> 4. Toxic (D000)
---	---	---	---

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) RICHARD CATENA, OWNER	Date Signed JUNE 28, 1989
--	--	------------------------------

Estimated burden: Public reporting burden for this collection of information is estimated to be 3 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

ENVIRONMENTAL
WASTE MANAGEMENT ASSOCIATES

400 WARREN STREET
PATERSON, NEW JERSEY 07524

(201) 345-6117

FAX: (201) 634-0180

DATE:

4/18/88

TO:

Shang Sanchez

ATTENTION:

FROM:

Tracy Straka

WE HAVE SENT TO YOU THE FOLLOWING
NUMBER OF PAGES (INCLUDED THIS
COVER LETTER)

2

NOTE:

Please call Mr Andersen
with the #.

Thanks

** IF YOU EXPERIENCE ANY DIFFICULTY, PLEASE CALL US **

IF WE DO NOT HEAR FROM YOU, WE WILL ASSUME
THE TRANSMISSION IS ACCEPTABLE AND CONFIRMED

EWA

10-4

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Let's protect our earth



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

LANCE R. MILLER, DIRECTOR

CN 028
Trenton, N.J. 08625-0028
(609) 633-1408
Fax # (609) 633-1454

Ellen Doering
PAB

FEB 04 1991

Mr. William Librizzi
Hazardous Substance Management Research Center
New Jersey Institute of Technology
Newark, NJ 07102

RE: Treatability Studies Exclusion Annual Report, New Jersey Institute of Technology, Newark, EPA ID No. NJD 075 162-990

Dear Mr. Librizzi:

The Bureau of Hazardous Waste Engineering (the Bureau) had previously granted the referenced facility authorization to conduct treatability studies without obtaining a Hazardous Waste Facility Permit provided the facility complies with the requirements of N.J.A.C. 7:26-8.2(a)23. Be advised, the facility is required to submit an annual report to the Bureau by March 1, of each year per N.J.A.C. 7:26-8.3(a)23viii.

In accordance with the requirements specified in N.J.A.C. 7:26-8.2(a)23viii, the report shall include an estimate of the number of studies and amount of waste expected to be used in treatability studies during the current calendar year and through March 1 of the following year, and include the following information for the previous calendar year:

- (1) The name, address, and EPA identification number of the testing facility conducting the treatability studies;
- (2) The types, by process, of treatability studies conducted;
- (3) The name, address, and EPA identification number of each person for whom studies have been conducted;
- (4) The total quantity of waste in storage each day;
- (5) The quantity and types of waste subjected to treatability studies;
- (6) The date each treatability study was started and completed or expected to be completed; and
- (7) The final disposition of residues and unused sample from each treatability study;



Mr. William Librizzi
Page 2

FEB 04 1991

Failure to submit the required annual report by March 1, 1991 may result in referral for enforcement action.

If you have any questions concerning this matter, please contact Anthony Fontana at (609) 292-9880.

Very truly yours,



Thomas Sherman, Chief
Bureau of Hazardous Waste Engineering

EP63/slw

c: Ellen Doering, EPA
Yacoub Yacoub, BME

DOCUMENT: TSEAR12
FOLDER: SLWMCB

Let's protect our earth



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT
CN 028
Trenton, N.J. 08625-0028
(609) 633-1408
Fax # (609) 633-1454

RECEIVED
AGENCY, REGION II
NEW YORK, NY
91 JUL 10 AM 10:44
PERMITS AND COMPLIANCE
BRANCH

Laura J. Livingston, Chief
USEPA, Region II
26 Federal Plaza
New York, New York 10278

July 3, 1991

✓ C303=1
✓ C1101=\$
✓ CMT
DRA 7/26/91

Dear Ms. Livingston:

Enclosed is a copy of a letter from Catena, Richard
requesting the following information changes(s):

1. Company Name _____
2. Corporate Name/Ownership _____
3. Company Contact _____
4. EPA ID Number _____
5. Notification Status to: TSD _____
Transporter _____
Generator _____
Non-Handler X _____
S.Q. Generator _____
6. Generator/Company Closure _____
DELIST EPA ID. NO NJD089749279 AS PER NJDEP
7. Other INSPECTION REPORT RECOMMENDATIONS (SEE ATTACHED)

Please make the indicated changes to your RCRA mailing address file. Your attention in this matter would be greatly appreciated.

Sincerely,

Ferd Scaccetti

Ferd Scaccetti,
Bureau of Manifest & Information Systems

CB:dag
Enclosure

RCRA INSPECTION TRACKING

COMPANY DATA

EPA ID NUMBER: MSD089740279 FACILITY NAME: Richard Catena
 MANDATORY <Y/N> Y LAND-BAN <Y/N> N FEE <Y/N> Y FY/QUARTER: 91/1/4
 CONTACT: Nick Scialano FACILITY PHONE: (201) 814-0077
 COUNTY/MUNICIPAL CODE 02 62 FACILITY STREET: 430 INDUSTRIAL AVE
 CITY: Teaneck FACILITY STATE NJ FACILITY ZIP: 07
 CORPORATE NAME: _____ CORPORATE STREET: _____
 FACILITY CITY: _____ FACILITY STATE _____ FACILITY ZIP: _____
 CONTACT: _____ FILE NUMBER _____ Region code M

INITIAL INSPECTION ()

INSPECTION DATE: 6-18-91 SITE VISIT <Y/N> Y
 REGULATORY STATUS CODE 01 EVALUATION TYPE CODE 01 GRANT CODE 09
 DATE NOV ISSUED _____ SCHEDULED COMPLIANCE DATE _____
 INSPECTOR/REVIEWER Stein DATE ASSIGNED _____ DATE REVIEWED _____
 DATE VIOLATIONS REFERRED _____ INCIDENT CASE NUMBER _____

FOLLOW-UP INSPECTION ()

INSPECTION DATE: _____ SITE VISIT <Y/N> _____
 INITIAL INSPECTION DATE: _____ VERIFIED COMPLIANCE DATE _____
 EVALUATION TYPE CODE _____ GRANT CODE _____
 INSPECTOR/REVIEWER _____ DATE REPORT REVIEWED _____

AREA OF EVALUATION

		GW	CLO	\$\$\$	PTB	SCH	MNF	LDB	OTH	
CLASS OF VIOLATION	I*						0	0	0	Z=UNDETERMINED OR UNDER INVESTIGATION
	I						0	0	0	X=VIOLATION
	II						0	0	0	H=HIGH PRIORITY VIOLATOR
							0	0	0	C=FACILITY NOT IN COMPLIANCE WITH COMPLIANCE SCHEDULE IN CORRECTIVE ACTION COMPLIANCE SCHEDULE IN AN ORDER OR PERMIT

(ENTER Z, X, O, H OR C IN THE APPROPRIATE BOX)

AREAS OF EVALUATION:

GW = Ground Water CLO = Closure \$\$\$ = Financial responsibility PTB = Part B
 SCH = Compliance Schedule MNF = Manifest LDB = Land ban OTH = other

COMMENTS: _____

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT

INSPECTION REPORT

REPORT PREPARED FOR:

- ☒ Generator Delisting
☐ Transporter
☐ HWM (TSD) Facility

FACILITY INFORMATION

Name: Richard Catena
Address: 430 Industrial Ave
Teaboro NJ
Lot: _____ Block: _____
County: Bergen
Phone: (201) 814-0077
EPA ID #: NJD08 9749279
Date of Inspection: 6-18-91

PARTICIPATING PERSONNEL

State or EPA Personnel: Jodie Stein

Facility Personnel: Rich Catena
Niel Siciliano

Report Prepared by Name: Jodie Stein

Region: DHWM/MFO

Telephone #: (201) 669-3960

Reviewed by: [Signature]

Date of Review: 6/20/91

SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS

On 6-18-91 I conducted a delisting request inspection at Richard Catena in Teterboro. The facility is nothing more than a car showroom. I spoke to Neil Siciliano on the phone at the showroom, & he explained to me (he's the engineer,) that the EPA ID # was left from the previous owner, Bendix, who then sold the property to Anderson Corp, who then sold it to Richard Catena. Mr. Siciliano explained that the sale from Anderson to Catena triggered an EPCRA clean-up, which was conducted. The only 2 things found of concern were 2-Transformers, which contained PCB oils, and 1-35g drum of solvent (F005). These were disposed of in 1989, via manifest, using the already existing EPCRA number still registered under "Bendix". Mr. Siciliano claims that there is no mechanical work or car washes done here. All work & car prep work is done offsite. According to Mr. Catena, he bought the property in 11/88, & didn't begin the showroom operation until 5/90. Therefore, no haz. waste is generated here at this time.

Describe the activities that result in the generation of hazardous waste.

none

Identify the hazardous waste located on site, and estimate the approximate quantities of each.
(Identify Waste Codes)

none

How have these activities changed so as to justify delisting the company?

See narrative

Do company records support the delisting request?

☒ YES (Attach copies of records to the report)

☐ NO (Explain)

Identify the hazardous waste located onsite, and estimate the approximate quantities of each. (Identify Waste Codes)

none

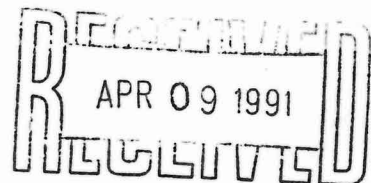
Conclusion. Should the generator's request for delisting be granted?

YES

 NO (Explain)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

JMS
dm 6/26/91
JMS



M E M O R A N D U M

To: John Skoviak, Section Chief
Program Oversight Tracking and Reporting

From: Ferd Scaccetti, ^{dx}Supv. Environmental Specialist
Bureau of Manifest and Information Systems

Subject: Delisting Petition - Inspection Referral

Date: April 9, 1991

Enclosed please find:

1. A photocopy of a letter from

Catena, Richard
430 Industrial Ave
Teterboro, NJ

requesting delisting as a generator of their EPA
identification number NJD089749279

2. A manifest report listing all manifests generated
by this company from 1987 to the present in date
order. If no report is attached it means that the
company has had no manifest activity during this
time period.

Please investigate the validity of this delisting request
and make the appropriate recommendations.

If you should have any questions or require any additional
information, please contact me at 3-1394.

Sean Paus
Delisting Request
Phil

← Mail

SICILIANO CONSULTING ENGINEERS
71 Hackensack Street
Wood-Ridge, NJ 07075
(201)438-5110

NJDEP
Div. of Hazardous Waste Mgm't.
Bureau of Manifest & Info Systems
401 E. State Street, 5th Floor
CN 028
Trenton, New Jersey 08625

Re: I.D./NJD 089749279
430 Industrial Ave.
Teterboro, NJ
Richard Catena/Owner

March 19, 1991

Attn: Philip Cole

Dear Mr. Cole,

Confirming our telephone conversations and fax report of March 18, 1991 regarding subject site:

1. Please consider this letter as the Owner's formal "DELISTING REQUEST" for permanent exemption on filing ANNUAL HAZARDOUS WASTE REPORT.
2. Current owner and use DO NOT treat, store or dispose of any hazardous waste.
3. Permanent exemption of Annual Hazardous Waste Report was PREVIOUSLY REQUESTED by mailing in of your "EPA POSTCARD" on August 27, 1990.

If any further questions please contact:

Neil R. Siciliano, P.E.
71 Hackensack Street
Wood-Ridge, NJ 07075
(201)438-5110

Richard Catena
430 Industrial Avenue
Teterboro, NJ 07608
(201)814-0017


Neil R. Sicilliano, P.E.

C/C Richard Catena, Owner
is. doc.NJDEP

PAGE 1

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF HAZARDOUS WASTE MANAGEMENT

WASTE MANIFESTS FROM 01/01/87 TO 12/31/90
FROM GENERATOR NJD0897492279 TO SPECIFIED TSDFA5

	GENERATOR	TSDF	MANIFEST	DATE SHIPPED	WASTE CODE	WASTE NAME	QUANTITY
1	ENDIX CORPORATION 30 INDUSTRIAL AVE ETERBORO NJ JD089749279	MARISOL INC 125 FACTORY LANE MIDDLESEX NJ NJ000245454	NJA0628496	07/27/89	F005	NONHL SOLV & STLBTH	35 G
2	NATIONAL ELECTRIC INC HIGHWAY 169 COFFEYVILLE KS KSD980964993		NJA0615801	08/06/89	C387	POLYCHLORINATED BIPHENYL, NOS	6315 P
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